

A Legacy of Caring



The 2008 Annual Appeal
Calvert Memorial Hospital Foundation, Inc.

The Annual Appeal Supports:

- Good Will Care
- Medical Equipment
- Scholarships
- Wellness Programs
- Where Most Needed

My pledge to the CMH Foundation Annual Appeal is \$ ____.

I will complete my pledge by
Check/credit card (circle one)

Charge my credit card (check one)
 Am Express Mastercard Visa

Account Number

Expiration Date

Signature

Date

I pledge \$ ____ per quarter for a total of \$ _____. Enclosed is my first pledge payment of \$ _____. Invoice me quarterly for the balance.

Name _____
(as you would like it to appear for recognition)

Street: _____

City/State/Zip: _____

Phone: _____ Date: _____ Email: _____

I would like my contribution to be anonymous.

All payments to the 2008 Annual Fund *must* be postmarked by December 31, 2008.

*All donations made to the Calvert Memorial Hospital Foundation, Inc.
qualify for deductions under federal and state laws.*

Please make checks payable to: **CMH Foundation, Inc.**

Mail to: CMH Foundation Inc., PO Box 2127, Prince Frederick MD 20678